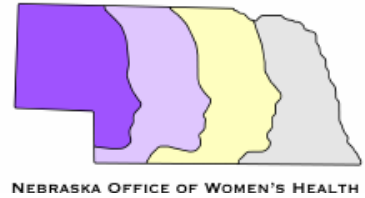


PAYMENT STATUS FORM

State of Nebraska, Department of Health and Human Services
Office of Women's Health
Every Woman Matters Program
301 Centennial Mall South
PO Box 94817
Lincoln, NE 68509-4817
PHONE: 1-800-532-2227 or 402-471-0929
FAX: 402-471-0913

Every Woman Matters



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The document will be reviewed and returned within 2 working days.

PROVIDER NAME:
Name of Contact Person:
Telephone Number:
Fax Number:

**COMPLETE THIS SECTION IF YOU HAVE A CHECK AND NEED BACK-UP FOR THAT CHECK
THE DOCUMENT(S) WILL BE FAXED TO YOU**

PAYEE	CHECK NUMBER	INVOICE NUMBER (FOUND ON CHECK STUB)	Check Amount

**COMPLETE THIS SECTION IF YOU HAVE BACK-UP BUT HAVE NOT RECEIVED THE CHECK
OR CANNOT IDENTIFY AN ELECTRONIC FUNDS TRANSFER FOR THE BACK-UP**

PAYEE	INVOICE NUMBER	DOCUMENT NUMBER	COMMENTS
	(FOUND ON UPPER RIGHT-HAND CORNER OF DOCUMENT)		(EWM to complete this section)

To be completed by EWM Staff:

Date Received:	Date Completed:	By:
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